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FILE 'MEDLINE, DRUGU, EMBASE, USPATFULL' ENTERED AT 13:43:33 ON 05 SEP
    2002
L2
             0 S 126613-39-6
L3
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L4
             0 S 126613-39-6/REG
L5
             41 S COMPER
L6
             0 S 126613-39-6
L7
           4335 S 87333-19-5
L8
           162 S L8 AND (RENAL DISEASE)
L9
            18 S L9 AND ALBUMIN
L10
            15 DUP REM L10 (3 DUPLICATES REMOVED)
L11
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ANSWER 1 OF 1 REGISTRY COPYRIGHT 2002 ACS
L1
     87333-19-5 REGISTRY
RN
CN
     Cyclopenta[b]pyrrole-2-carboxylic acid, 1-[(2S)-2-[[(1S)-1-
     (ethoxycarbonyl)-3-phenylpropyl]amino]-1-oxopropyl]octahydro-,
     (2S, 3aS, 6aS) - (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
     Cyclopenta[b]pyrrole-2-carboxylic acid, 1-[2-[[1-(ethoxycarbonyl)-3-
     phenylpropyl]amino]-1-oxopropyl]octahydro-, [2S-
     [1[R*(R*)], 2.alpha., 3a.beta., 6a.beta.]]-
OTHER NAMES:
     Altace
CN
     HOE 498
CN
CN
     Ramipril
CN
     Tritace
FS
     STEREOSEARCH
DR
     126613-39-6
MF
     C23 H32 N2 O5
CI
     COM
                  ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*,
LC
     STN Files:
       BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB,
       CEN, CHEMCATS, CIN, CSNB, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU,
       DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, MSDS-OHS, PHAR, PHARMASEARCH,
       PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
         (*File contains numerically searchable property data)
     Other Sources:
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Absolute stereochemistry.

PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

633 REFERENCES IN FILE CA (1967 TO DATE)

13 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

634 REFERENCES IN FILE CAPLUS (1967 TO DATE)

L11 ANSWER 11 OF 15 MEDLINE

DUPLICATE 2

AB Angiotensin-converting enzyme inhibitors reduce proteinuria in both normotensive and hypertensive patients with proteinuric renal disease. However, the mechanism of the antiproteinuric effect has not been clarified. We performed a prospective, double-blind, placebo-controlled, randomized crossover trial to test the hypothesis that

the antiproteinuric effect of ramipril was due to an improvement in glomerular permselectivity independent of blood pressure and glomerular filtration rate. The effect of low-dose (1.25 mg/d) and high-dose (5 mg/d)

ramipril was assessed in 15 normotensive nondiabetic patients with proteinuria (> 150~mg/d). The study was divided into four 12-week periods:

placebo, high- or low-dose ramipril, crossover to low- or high-dose ramipril, and placebo. Blood pressure, glomerular filtration rate, renal plasma flow rate, urinary protein excretion rate, and plasma angiotensin II levels were measured at the end of each period. Mean arterial

urine protein to creatinine ratio, and **albumin** excretion rate decreased significantly during low- and high-dose ramipril. Glomerular filtration rate and renal plasma flow rate were not changed significantly.

Plasma angiotensin II levels decreased with both low- and high-dose ramipril. There were no episodes of hypotension and only one subject developed cough during ramipril that did not require discontinuation of the study drug. In conclusion, administration of ramipril in both low and high doses lowered blood pressure and reduced proteinuria in this cohort of normotensive patients with a variety of proteinuric renal diseases. The antiproteinuric effect of ramipril is probably mediated by a reduction in glomerular capillary pressure.

L11 ANSWER 13 OF 15 MEDLINE

AB Microalbuminuria predicts early mortality and renal disease in non-insulin-dependent diabetic patients. In insulin-dependent diabetic patients, angiotensin converting enzyme inhibition decreases microalbuminuria and retards the progression of renal disease. The aim of this study was to evaluate the effect of low dose ramipril on albumin excretion rate (AER) and blood pressure in non-insulin-dependent diabetic patients with persistent microalbuminuria (AER > 20 < 200 micrograms/min) and normal blood pressure

or mild hypertension. The study was a randomized, double-blind, placebo-controlled clinical trial of 6 months duration at 14 hospital-based diabetes centers in northeastern Italy. Blood pressure, plasma glucose, and body weight were determined every month; AER, serum creatinine, glycosylated hemoglobin, and plasma lipids at baseline, after 1 month, and at the end of the study. Of 122 non-insulin-dependent diabetic patients randomly allocated in blocks of four to receive either ramipril (1.25 mg/day) or placebo, 108 (54 in the ramipril group and 54

in
 the placebo group) completed the study. At baseline, age, duration of
 diabetes, body mass index, and glycosylated hemoglobin were similar in
the

two groups and remained unchanged throughout the study. In the placebo group, AER rose from a baseline median of 65 micrograms/min (range 53 to 76, 95% confidence Interval) to 72 micrograms/min (57 to 87) and to 83 micrograms/min (62 to 104) after 1 and 6 months, respectively, but fell from 62 micrograms/min (48 to 76) to 45 micrograms/min (33 to 57) and to

Journal code: 8110075. ISSN: 0272-6386.

PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199701

ENTRY DATE: Entered STN: 19970128

Last Updated on STN: 19970128 Entered Medline: 19970115

=> d ibib 13

L11 ANSWER 13 OF 15 MEDLINE

ACCESSION NUMBER: 96051093 MEDLINE

DOCUMENT NUMBER: 96051093 PubMed ID: 8541002

TITLE: Effect of low-dose ramipril on microalbuminuria in

normotensive or mild hypertensive non-insulin-dependent diabetic patients. North-East Italy Microalbuminuria Study

Group.

AUTHOR: Trevisan R; Tiengo A

CORPORATE SOURCE: Unit for Metabolic Diseases, University of Padua, Italy.

SOURCE: AMERICAN JOURNAL OF HYPERTENSION, (1995 Sep) 8 (9) 876-83.

Journal code: 8803676. ISSN: 0895-7061.

PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)

(RANDOMIZED CONTROLLED TRIAL)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 199602

ENTRY DATE: Entered STN: 19960227

Last Updated on STN: 19960227 Entered Medline: 19960214

=> d ibib 14

L11 ANSWER 14 OF 15 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.

ACCESSION NUMBER: 93203530 EMBASE

DOCUMENT NUMBER: 1993203530

TITLE: Monitoring diabetic nephropathy: Glomerular filtration

rate

and abnormal albuminuria in diabetic renal
disease - Reproducibility, progression, and
efficacy of antihypertensive intervention.

AUTHOR: Mogensen C.E.; Hansen K.W.; Nielsen S.; Pedersen M.M.;

Rehling M.; Schmitz A.

CORPORATE SOURCE: Med. Dept. M Diabetes/Endocrinology, Aarhus

Kommunehospital, University Hospitals, DK-8000 Aarhus C,

Denmark

SOURCE: American Journal of Kidney Diseases, (1993) 22/1

(174-187).

ISSN: 0272-6386 CODEN: AJKDDP

COUNTRY: United States

DOCUMENT TYPE: Journal; Conference Article FILE SEGMENT: 006 Internal Medicine

53 micrograms/min (38 to 69), respectively, in the ramipril group, a significant difference between the groups (P < .01).(ABSTRACT TRUNCATED

AT

250 WORDS)

L11 ANSWER 14 OF 15 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.

AB The principal end point in the evaluation of treatment in incipient and overt diabetic nephropathy is rate of decline in glomerular filtration rate (GFR). Therefore, information on reproducibility of GFR measurements is essential in the planning and evaluation of clinical trials. We studied

reproducibility of GFR measurements in insulin-dependent and non-insulin-dependent diabetes mellitus patients using, respectively, a constant-infusion technique with urine collection and labeled iothalamate as a tracer marker and a single-shot procedure using Cr-EDTA, measuring the

GFR

of

from the decline in plasma level after bolus injection. The coefficient

variance in the insulin-dependent patients was from 7.5% to 8.8% with repeated measurements. In longitudinal studies with several measurements the mean coefficient of variances varied between 7.4% and 3.4%. In the non-insulin- dependent patients the coefficient of variances between two tests were 7.0% and 5.3% for normoalbuminuric and microalbuminuric patients, respectively. In cross-sectional studies as well as in longitudinal studies, it has been consistently shown that GFR is well preserved and at a supranormal level in patients with normoalbuminuria

and

microalbuminuria. A decline in GFR appears to start around the transition from microalbuminuria to overt diabetic **renal disease**, although more detailed studies are needed to support this finding. With regard to intervention trials, several studies document that microalbuminuria can be reduced by effective antihypertensive treatment, particularly with angiotensin-converting enzyme inhibitors, also in patients with normal or close to normal blood pressure. Preliminary results from long- term studies suggest that reduction in

microalbuminuria
in these patients is associated with preservation of GFR and, thus,
apparently renoprotection. In patients with overt renal
disease, it has been consistently shown that antihypertensive
treatment reduces albuminuria as well as the rate of decline in GFR. This
is also observed with combined treatment regimens, for instance beta
blockers or angiotensin-converting enzyme inhibitors combined with
diuretics, or the three types of drugs in combination.

=> d ibib 11

L11 ANSWER 11 OF 15 MEDLINE DUPLICATE 2

ACCESSION NUMBER: 97115942 MEDLINE

DOCUMENT NUMBER: 97115942 PubMed ID: 8957034

TITLE: Effect of ramipril on blood pressure and protein excretion

rate in normotensive nondiabetic patients with

proteinuria.

AUTHOR: Toto R D; Adams-Huet B; Fenves A Z; Mitchell H C; Mulcahy

W; Smith R D

CORPORATE SOURCE: Department of Internal Medicine, University of Texas

Southwestern Medical Center at Dallas, 75235-8856, USA.

CONTRACT NUMBER: MO1-RR006633 (NCRR)

SOURCE: AMERICAN JOURNAL OF KIDNEY DISEASES, (1996 Dec) 28 (6)

832-40.

023

Nuclear Medicine Urology and Nephrology Drug Literature Index 028

037 English English LANGUAGE:

SUMMARY LANGUAGE:

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Article title

Effect of Low-Dose Ramipril on Microalbuminuria in Normotensive or Mild Hypertensive

Non-Insulin-Dependent Diabetic Patients

Article identifier

Authors

0895706195102041 Trevisan_R Tiengo_A

Journal title

American Journal of Hypertension

ISSN

0895-7061 Publisher Elsevier USA

Year of publication

1995

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9 0

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1	BRS	L1	21	comper.in.	USPAT; US-PGPUB; EPO; JPO; DERWENT
2	BRS	L2	3271	435/5.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
3	BRS	L3	3921	435/4.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
4	BRS	L4	1229	435/28.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
5	BRS	L5	818	424/130.1.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
6	BRS	L6	350	424/9.2.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
7	BRS	L7	2279	530/300.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
8	BRS	L8	412	530/303.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
9	BRS	L9	421	530/344.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
10	BRS	L10	173	530/359.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
11	BRS	L11	338	530/362.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
12	BRS	L12	493	530/363.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
13	BRS	L13	931	530/380.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
14	BRS	L14	303	530/382.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
15	BRS	L15	224	530/386.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
16	BRS	L16	133	530/392.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
17	BRS	L17	123	530/394.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
18	BRS	L18	1605	530/395.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
19	BRS	L19	1389	530/399.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
20	BRS	L20	1023	530/413.ccls.	USPAT; US-PGPUB; EPO; JPO; DERWENT
21	BRS	L21	16701	12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120	USPAT; US-PGPUB; EPO; JPO; DERWENT
22	BRS	L22	2	121 and 11	USPAT; US-PGPUB; EPO; JPO; DERWENT
23	BRS	L23	3	lysosome and l1	USPAT; US-PGPUB; EPO; JPO; DERWENT
24	BRS	L24	56122	albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
25	BRS	L25	2074	lysosome	USPAT; US-PGPUB; EPO; JPO; DERWENT
26	BRS	L26	23	124 same 125	USPAT; US-PGPUB; EPO; JPO; DERWENT
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28	BRS	L28	3	127 same 125	USPAT; US-PGPUB; EPO; JPO; DERWENT

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30	BRS	L30	778	129 same hormone	USPAT; US-PGPUB; EPO; JPO; DERWENT
31	BRS	L31	124	130 same insulin	USPAT; US-PGPUB; EPO; JPO; DERWENT
32	BRS	L32	1	131 same albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
33	BRS	L33	10751	129 same treat\$4	USPAT; US-PGPUB; EPO; JPO; DERWENT
34	BRS	L34	1303	133 same protein	USPAT; US-PGPUB; EPO; JPO; DERWENT
35	BRS	L35	31	134 same albumin	USPAT; US-PGPUB; EPO; JPO; DERWENT
36	BRS	L36	9	134 same ace	USPAT; US-PGPUB; EPO; JPO; DERWENT

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L1
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L2
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L3
              21 DUP REM L3 (19 DUPLICATES REMOVED)
L4
          51295 S ACE INHIBITOR
L5
           4159 S L2 AND L5
L6
           2928 S L2 (P) L5
L7
            242 S L7 AND ALBUMIN
\Gamma8
             16 S L8 AND RAMIPRIL
L9
             10 DUP REM L9 (6 DUPLICATES REMOVED)
L10
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